Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000022433 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

T	0	ţ

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number: I20000000019

: (305)552-5973

: (305)220-1440

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:
----------------

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN PROCARE REHABILITATION CENTERS INC.

Certificate of Status	0
Certified Copy	. 0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

TJAN 3 0 2013

T. ROBERTS

1/30/2013 9:48:50 AM PAGE TAMA

rax berver

January 30, 2013

### FLORIDA DEPARTMENT OF STATE

PROCARE REHABILITATION CENTERS INC. 9100 CORAL WAY

SUITE 10

MIAMI, FL 33165

SUBJECT: PROCARE REHABILITATION CENTERS INC.

REF: P09000010797

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (\$50) 245-6050.

Tina Roberts Regulatory Specialist II

FAX Aud. #: H13000022433 Letter Number: 113A00002276

•	10/2 ···
	Articles of Amendment to Articles of Incorporation of
	Articles of Amendment
	Articles of Incorporation
	Procare Rehabilitation Centers Inchi
	(Name of Corporation as currently filed with the Florida Dept. of State)
	P090000 10797
	(Document Number of Corporation (if known)
in A	suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to tricles of Incorporation:
۸.	If amending name, enter the new name of the corporation:
"Ca	The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation rp.," "Inc." or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the it "chartered," "professional association," or the abbreviation "P.A."
	Enter new principal office address, if applicable: inclpal office address MUST BE A STREET ADDRESS )
C.	Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE BOX)
D.	
υ.	If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
	Name of New Registered Ascent Denise Bolanos  (9100 Caral Way # 10, Miami, F7.33165)  (Plorida street address)
	(Florida street address)  New Registered Office Address:
Nev	Registered Agent's Signature, if changing Registered Agent:
ne.	reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

Page 1 of 4

## H13009022433

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attack additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer: S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, itst the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST und Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV os an Add.

X	hange	PT	John Doe	•		
<u>X</u> I	temove	¥	Mike Jor	nes.		
<u>_x</u>	Add	<b>SY</b> .	Sally Sm	āth		
Txp: (Ch:	e of Action ck One)	Title		Name		Address
1) _	Change Add Remove	<u> S</u> ec	•	Jesus	Vasallo	9100 CORALDOY#16 Miami, Fz. 33/65
2)	Add Remove		-			
3)	Change Add Remove	_	-		·	
4) .	Change Add Remove		-			
<i>5</i> ) .	Change Add Remove		<del>-</del>			
<b>ை</b>	Change Add Remove		_			
				Page	2 of 4	

H13000022433

## H13000022433

ach additional sheets, if necessary).	
	,
•	
	(Company) White the company of the c
	•
nuisions for implementing the small	range, reclassification, or cancellation of issued shares, adment if not contained in the amendment (teelf)
(Lnot applicable, Indicate N/A)	denient is an contained in the amendment used:
	•
<b>\</b>	

Page 3 of 4

# H13000022433

The date of eac	th amendment(s) adoption; 0/-39-3013
Effective date j	if applicable:
	(no more than 90 days after amendment file date)
Adoption of A	mendment(s) (CHECK ONE)
	ncut(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) cholders was/were sufficient for approval.
	nent(s) was/were approved by the shareholders through voting groups. The following statement warately provided for each voting group entitled to vote separately on the amendment(s):
"The r	number of votes cast for the amendment(s) was/were sufficient for approval
ъу	(voting group)
	nent(s) was/were adopted by the board of directors without shareholder action and shareholder not required.
	ment(s) was/were adopted by the incorporators without shareholder action and shareholder not required.
·	Dated 01-29-30/3
	Signature ( )
	(By a director, president or other officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Denise Bolanos
	(Typed or printed name of person signing)
	VP
	(Title of person signing)